

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/716652 FILING DATE \_\_\_\_\_  
 APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1							31							
2							32							
3							33							
4							34							
5							35							
6							36							
7							37							
8							38							
9		2					39							
10		2					40							
11		2					41							
12		2					42							
13		2					43							
14		2					44							
15		2					45							
16		2					46							
17		2					47							
18		2					48							
19		2					49							
20		2					50							
21		2												
22		2												
23		2												
24		2												
25		1												
26		1												
27		1												
28		1												
29		2												
30		1												
31		1												
32		1												
33		1												
34		1												
35		1												
36		1												
37		1												
38		1												
39		1												
40		1												
41		1												
42		1												
43		1												
44		1												
45		1												
46		1												
47		1												
48		1												
49		1												
50		1												
TOTAL IND.	1		1				TOTAL IND.			0				
TOTAL DEP.	59		6				TOTAL DEP.			22				
TOTAL CLAIMS	60		7				TOTAL CLAIMS			22				